

STATE
OF
GEORGIA31-07
Application for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1. Application Date August 21, 1972	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. 11		Date Received OCT 3 1972	Application No. 296
3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Agriculture Division of Entomology 19 Hunter St. S.W. Atlanta, Georgia 30334		4. Person to Contact John Ridley	
		5. Working Title Asst. Director	6. Tel. No. 656-3641

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest
Dates of Series
Oct. 1 - Sept. 30
1970 - 19729. Exact Series Title
Out-of-State Nursery Duplicate Licenses File

10. What is the function of the office in which this record series is created?

The Entomology Division works to eradicate and control agricultural pests and to protect homeowners and farmers in purchasing plants. Inspection and reporting is a vital regulatory function of the Division in which the Nursery Licenses serve as a tool toward this end.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

nurseries authorized to ship plants to Georgia.
Documents relating to Out-Of-State ~~Nursery Duplicate Licenses Files.~~

Documents are:

Duplicate Nursery Licenses from other States - copy attached.
Other States licensed nursery lists.

Files are arranged alphabetically by states and then alphabetically by nursery growers.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	1/2	1/2		1/4	1/4
Legal-size File Drawers			FLOOR SPACE OCCUPIED (Square Feet)	In Office(s) In Storage Area(s)	
			AVERAGE DAILY REFERENCES	This Year's	Last Year's
				Preceding Year's	All Prior Years
			Week	Y	--

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ []
14. Is there a duplication of this series in another office or agency? ☐ ☒
15. Is the information contained in this series ever summarized or published? ☒ []
Attach copy of summary or publication. Annual Report to Commissioner.
16. Does the series contain classified information requiring security handling? ☐ ☒
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ ☒
18. Could the function be performed if the files were lost or destroyed? ☐ ☒
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ ☒
20. Does the record series provide data as input to an EDP file? ☐ ☒
21. Does the record series contain documentation produced as EDP printout? ☐ ☒
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ ☒
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ ☒

24. REQUIREMENTS. The following requires the files to be kept 1 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER 30 Sept 1972 and annually thereafter, then?

- ☒ Hold in the current files area 1 month(s)/ 1 year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold 1 year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer, (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Ellis D. Sikos</i>	9/6/72		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Ellis D. Sikos</i>	9-6-72
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dejean</i>	10-4-72
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Kait</i>	10-3-72
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert P. Sheel</i>	10-4-72

STATE RECORDS
COMMITTEE